



## **Tobacco Retailer's License Application FACT SHEET**

In accordance with El Cajon Municipal Code Chapter 8.33, the City of El Cajon requires that retailers of tobacco products procure and maintain a Tobacco Retailer's License. **NOTE: The Tobacco Retailer's License is in addition to the required City Business License and the State of California Tobacco Retailer's License.**

The El Cajon City Council enacted this program to discourage the sale and distribution of tobacco and associated products to underage persons. Any tobacco retailer who violates any state or local law regulating the sale, advertisement or display of tobacco products shall be subject to permit suspension, revocation and/or administrative fines. These actions shall be in addition to any punishment imposed by the underlying offense.

Please note the following:

- A tobacco retailer means any person who sells, offers for sale or for exchange for any form of consideration tobacco, tobacco products or tobacco paraphernalia. This includes vaping products.\*
- Other than a Tobacco or Smoke Shop permitted by Conditional Use Permit, a tobacco retailer is limited to 16 cubic feet of shelf space for the entirety of all tobacco and related products.\*
- The Tobacco Retailer's License must be prominently displayed in a publicly visible location at the licensed premises.
- The Tobacco Retailer's License is not transferable to a new location or new business owner.
- The Tobacco Retailer's License is valid for one calendar year unless suspended, revoked, expired or canceled due to the cessation of tobacco retailing.
- Each tobacco retailer shall apply for the renewal of the license prior to its annual expiration as stated on the license.
- It is the responsibility of the tobacco retailer to obtain, complete and return an annual renewal notice to this office, if one is not received.
- The renewal statement and fee of \$709 must be returned to the city by December 31 of each year.

If you have any questions, please call 619-441-1742.

*\*Tobacco product is defined as (1) any substance containing tobacco leaf, including but not limited to cigarettes, cigars, pipe tobacco, snuff, chewing tobacco, dipping tobacco, bidis, or any other preparation of tobacco; and (2) any product or formulation of matter containing biologically active amounts of nicotine that is manufactured, sold, offered for sale, or otherwise distributed with the expectation that the product or matter will be introduced into the human body; (3) any electronic vapor device, electronic vapor inhalation substance, and hookahs; (4) any plant, weed, or plant product that is manufactured, sold, offered for sale, or otherwise distributed with the expectation that the product or matter will be introduced into the human lungs or mouth in smoke or vapor form, using any tobacco paraphernalia, but does not include any product specifically approved by the Federal Food and Drug Administration for use in treating nicotine or tobacco product dependence.*



2021 Calendar Year

## CITY OF EL CAJON

200 Civic Center Way, El Cajon CA 92020  
619-441-1742

### TOBACCO RETAILER'S LICENSE APPLICATION

#### I. Business Information (Please type or print in ink. Illegible applications will be returned)

- A. BUSINESS NAME \_\_\_\_\_ Business Phone: \_\_\_\_\_
- B. BUSINESS ADDRESS \_\_\_\_\_
- C. COMPLETE DESCRIPTION OF BUSINESS \_\_\_\_\_

#### II. Mailing Address (If different from business address)

#### III. Ownership Information

- A. OWNER'S NAME \_\_\_\_\_ Phone: \_\_\_\_\_
- B. OWNER'S HOME ADDRESS \_\_\_\_\_
- C. Name and home address of all other officers/partners  
\_\_\_\_\_  
\_\_\_\_\_

#### IV. Previously Issued License

- A. State of California Tobacco Retailer's License Number \_\_\_\_\_; Exp. Date \_\_\_\_\_
- B. Please indicate if you have ever been issued an El Cajon Tobacco Retailers' License: Circle Yes or No
- C. Was license ever suspended or revoked and, if so, the dates of the suspension period or the date of revocation:

#### V. Signature

*I declare under penalty of making a false statement, that I have read and completed all sections of this form to the best of my knowledge and belief, and that statements made herein are correct and true. I further acknowledge receipt of the El Cajon Tobacco Retailer's License Fact Sheet and understand issuance of the Tobacco Retailer's License does not relieve me from meeting other Municipal, State and Federal Code requirements.*

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Return completed application with payment of \$709 to:

City of El Cajon  
Community Development Department  
200 Civic Center Way  
El Cajon CA 92020

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#### OFFICIAL USE ONLY

Tobacco Retailer's License # \_\_\_\_\_ Business License # \_\_\_\_\_

Fee \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_ Debit \_\_\_\_\_ Credit \_\_\_\_\_

Copy to Planning, Code Compliance \_\_\_\_\_